



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
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TO: Regional Administrators
CSO Administrators
All Financial Staff

FROM: Steven Wish, Director
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Medical Assistance Administration

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**SUBJECT: CHANGES FOR FAMILY (F04) AND CHILDREN'S (F06 & F07)
MEDICAL**

Background

The State Legislature has mandated the following eligibility changes for Family and Children's medical programs:

- Family and Children's Medical cases will be reviewed every six months (effective July 2003)
- Children will no longer have continuous eligibility throughout a review period (effective July 2003 and with Automated Client Eligibility System (ACES) support in November 2003)
- Some children on F06 medical will be required to pay a premium (effective February 2004)

CSO/CSC Actions:

Starting in July 2003, for all Family and Children's medical applications and reviews, financial eligibility staff will need to do the following:

1. Shorten certification periods to six months; and
2. Examine cases to determine if a characteristic exists that requires the establishment of separate Medical Assistance Units (MAUs).

All applications and reviews for family and children's medical are subject to a six-month certification period. The October 2003 ACES release will implement this new policy and default all new applications and reviews to a six-month certification period. Until this ACES change can be implemented, financial eligibility staff will need to shorten all Family and Children's medical cases to a six-month certification period. Staff can shorten the review date by changing the "review end date" on the MAFI screen.

At application or review time, staff must examine each F06 or F07 case to see if a characteristic for separate MAUs (Sneede-Kizer) exists. This is to ensure a child is assigned the correct premium amount. The two most common Sneede/Kizer characteristics that will affect premiums for children are:

- Child with income
- Child of unmarried parents when both parents reside with the child

You may review the criteria for establishing separate MAUS in the Medical Assistance chapter of the EA-Z manual:

http://www1.dshs.wa.gov/esa/eazmanual/Sections/au_medprog.htm - 388-408-0055.

Cases that meet one of these criteria must have a separate MAU established.

Procedures for completing the Financial Responsibility codes on the STAT screen can be found in the ACES User Manual:

<http://www1.dshs.wa.gov/aces/usermanual/medical.htm> - J_Sneede_vs_Kizer_Medical

Additional Information

Continuous medical eligibility for children will end June 30, 2003. After the October 2003 release, ACES will recalculate medical eligibility for children based on information in the system. Categorically Needy (CN) medical assistance will close for any child who no longer meets the eligibility criteria for Children's medical. ACES will trickle to F07 or F99 as appropriate. You will receive more information about the ACES changes in September 2003.

Also scheduled for the October 2003 release is a correction to SSI-related (S02) cases. Changes do affect eligibility for SSI-related medical. Currently, unless the worker initiates a review on the case, ACES does not recalculate eligibility. This change will correct how S02 cases are processed in ACES.

Medical Assistance Administration (MAA) Actions

MAA will revise the Washington Administrative Codes (WACs) to support the new six month certification period and the end of continuous eligibility for Children's medical. The EA-Z manual will be updated to reflect the new WACs, Worker Responsibilities and Clarifying Information effective July 1, 2003. The Assistance Unit chapter will also be updated to revise *Clarifying Information* and *Worker Responsibilities* sections.

MAA is developing training on how to recognize and establish separate MAUs. This training will be on the intranet and available for staff by June 23, 2003. Later this year, MAA staff will be presenting training on premiums for the Children's medical program. Please let your regional representative know about other training needs associated with these upcoming changes. If you have any questions, please contact your MAA regional representative.

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